



**IMPLEMENTING BRIEF INTERVENTIONS IN PRIMARY HEALTH
CARE: FIRST REPORT FROM THE WHO PHASE IV PROJECT**

Introduction: Aims and Methods

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Previous phases of the WHO Collaborative Project on
Detection and Management of Alcohol-related Problems
in Primary Health Care

- **PHASE I: Development of the AUDIT questionnaire (1982-87)**
- **PHASE II: A cross-cultural randomised controlled trial (RCT) of screening and brief interventions (SBI) in primary health care (1987-92)**
- **PHASE III: A cross-cultural study on disseminating and supporting SBI in primary health care (1993-98)**



Rationale for Phase IV

- **QUESTION: After Phases I, II & III, what remains to be done in this programme of WHO research?**
- **ANSWER: The development and application of strategies for the widespread, routine and enduring implementation of early identification (EIBI) in the primary health care systems of participating countries**
- **PHASE IV: Development of Country-wide Strategies for Implementing Early Identification and Brief Intervention in Primary Health Care (1998-)**



PHASE IV WEB SITE

(international collaborative study)

www.who-alcohol-phaseiv.net/

**Study Protocol also available on request:
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COUNTRIES AND REGIONS PARTICIPATING IN PHASE IV

- **Australia**
- **Belgium
(Flanders)**
- **Bulgaria**
- **Denmark**
- **Finland**
- **France**
- **Hungary**
- **Italy (4 studies co-ordinated in Rome)**
- **Russian Federation
(St. Petersburg)**
- **Slovenia**
- **Spain (Catalonia)**
- **Switzerland**
- **UK (England)**



COMPONENTS OF PHASE IV

- Phase IV is a flexible study but each participating country pays attention to the following 4 components:
- Customization of materials and services
- Reframing understandings of alcohol issues
- Establishing a Lead Organisation and building a Strategic Alliance among organisations and individuals interested in widespread and routine implementation of EIBI
- Carrying out a Demonstration Project(s) (i.e., to demonstrate that routine implementation of EIBI in PHC is feasible and, if possible, has wider public health and economic benefits for the community)

FEATURES OF PHASE IV



- **Evaluation** - the extent to which study aims have been achieved, especially the overall impact of study on the country-wide implementation of EIBI
- **Economic evaluation** - e.g. cost of implementing EIBI per patient; health and other economic benefits for PHC and for wider community; possible cost-offsets
- **Action research**
 - Aims to impact real-world of PHC service delivery as well as increase knowledge
 - Distinction between “researcher” and “subject” breaks down
 - An iterative process
 - Especially suited to gap between research evidence and practice
- **Qualitative and quantitative methods**



COMPONENT 1:

Customization of identification methods

- > **The early identification (screening) instrument or measure**
- > **Opportunistic early identification versus other methods**
- > **Selective early identification and “pre-screening”**
- > **Personnel responsible for early identification**
- > **Costs of early identification method**



COMPONENT 1:

Customization of the intervention package

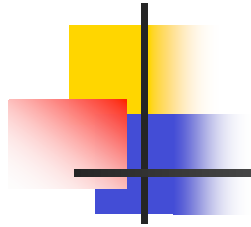
- **Principles and methods of intervention**
 - **Brief advice**
 - **Condensed cognitive-behavioural therapy**
 - **Brief motivational interviewing**
- **Duration of intervention and personnel**
- **Multi-level approaches to brief intervention**
- **Exclusions from brief intervention**
 - **“Alcohol dependence”**
- **Costs of intervention**



COMPONENT 1:

Customization of EIBI training

- **Training the trainers approach?**
- **Personnel (both trainers and trainees)**
- **Quality assurance in training model**
- **Costs of training**



COMPONENT 2: *Reframing (Communications Strategy)*

- **Main objective:** To popularise concept of “risky drinking” and move away from exclusive focus on “alcoholism”
- **Targets:**
 - Health professionals
 - General public
 - Other stakeholders
- **Media:** Guidelines; verbal presentations; pamphlets; posters; TV slots; radio interviews; newspaper articles; website; etc.



COMPONENT 3: ***Strategic Alliance***

- Network of individuals and organisations in each country interested in furthering aim of routine implementation of EIBI in PHC
- Established at both national and local (i.e., area of demonstration project) levels
- NB Should not be seen to be “owned” by lead organisation



COMPONENT 4:

Demonstration Project

- Design: Quasi-experimental or simply before-after
- Core measures:
 - changes in EIBI activity in PHC
 - unit cost of delivery of EIBI
 - changes in attitudes to EIBI among health care professionals
- Aim: to serve as model for similar applications in other parts of country